U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 82 9	2. Fiscal Year Covered From:		
	1 / 1 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name Donald E Eliason	Name UFCW District Union Local One		
	Labor Organization File Number 026854		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 106 Memorial Parkway	Street 106 Memorial Parkway		
City Utica	City Utica		
State New York ZIP Code + 4 13501-4887	State New York ZIP Code + 4 13501-4887		
5. Position in labor organization. Area Director Enter appropriate data below If, during the past fiscal year, you or your sponsor. (except as specified in the excl	ouse or minor child directly or indirectly had any of the following interests		
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizat	derived income or other economic benefit of clon represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.		
Name and address of Employer (including trade name, if any). Name	I I I I I I I I I I I I I I I I I I I		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any	7.b. Amount.		
Street			
City City	Company of the compan		
State ZIP Code + 4	Leave the control of		
一大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大	non-constitution (V) is a set of the property		
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompan undersigned's knowledge and belief, true, correct, and complete. (See the se	ying documents), has been examined by the signatory and is, to the best of the		
and the second of the second	The first of the f		
Signed	On 7/8/2005 315-797-9600 Telephone Number		
	. Pare releptione Nulliper		

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Name of Person Filing Donald Eliason	File	le Number U-	
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or included ing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or irectly to, or otherwise		
8. Name and address of Business (including trade name, if any). Name Novak Francella, L.L.C. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 11 Pennsylvania Plaza, Suite 920 City New York State New York ZIP Code + 4 10001	9. Business deals with: a. Labor Organization b. Trust c. Employer		
to Moline on the short size front or ampleured promo	11.a. Nature of such dealing.		
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Ufcw Local One Health Care and Pension Funds Trade Name, if any: P.O. Box, Bldg., Room No., if any	Provide Accouting Ser	rvices	
Street 106 Memorial Parkway	44 h. Approximate dello-victure et	£	<u> </u>
City Utica	11.b. Approximate dollar value of 12.a. Nature of interest held or		\$60,000
State New York ZIP Code + 4 13501-4887	Dinner at Stripe's Re 4/26/2004		on Head,S.C.on
	12.b. Amount.		\$140
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.		*
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
			and
Name	***************************************		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			- Transition of the state of th
City			Межения
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

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Name of Person Filing Donald Eliason	File Number U-	

O. N	9. Business deals with:	
Name and address of Business (including trade name, if any).		
Name HGK Assett Management	a. Labor Organization	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 525 Washington Blvd	c. Employer	
City Jersey City		
State New Jersey ZIP Code + 4 07310		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name UFCW Local One Health Care and Pension Funds	Provides Investment Services	
Trade Name, if any:		WARRY WARRY
P.O. Box, Bldg., Room No., if any	***************************************	Additional control of the control of
Street 106 Memorial Parkway		
City Utica		
State New York ZIP Code + 4 13501-4887	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
	Golf at Hilton Head National C.C. 1 on 4/28/2004	Hilton Head, S.C.
		11000000
		J 11
	12.b. Amount.	\$125

Name of Person Filing Donald Eliason	File Number U-

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Investment Performances Services, Inc.	a. Labor Organization	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 7402 Hodgson Memorial Drive	c. Employer	
City Savannah		
State Georgia ZIP Code + 4 31406		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name UFCW Local One Health Care and Pension Funds	Provides financial consulting serv	ices
Tarda Nama if any l		***************************************
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street 106 Memorial Parkway		
City Utica		WANTA TARABATA
State New York ZIP Code + 4 13501-4887	11.b. Approximate dollar value of such dealing.	\$60,000
	12.a. Nature of interest held or income received.	
	Golf at Otesega C.C. Cooperstown, N	ew York 8/19/2004

		*
		Transfer of the Control of the Contr
	12.b. Amount.	\$90

Name of Person Filing Donald Eliason	File Number U-

			
8. Name and address of Business (includ	ing trade name, if any).	9. Business deals with:	
Name UFCW Loacal one Health	Care and Pension Fund	a. Labor Organization	
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any		b. Trust	
Street 106 Memorial Parkway		c. Employer	
City Utica			
State New York	ZIP Code + 4 13501		
10. If 9.b. or 9.c. is checked give trust or emp	oloyer's name.	11.a. Nature of such dealing.	
Name Local One benefits fund	ls	Administer Health Care and Pension	Fund
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street 106 Memorial Parkway			
City Utica			THE PARTY OF THE P
State New York	ZIP Code + 4 13501	11.b. Approximate dollar value of such dealing.	
		12.a. Nature of interest held or income received.	
		Trustee mtgs/EPIC conference 4/28-	5/1/04
		12.b. Amount.	\$3,578

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Name of Person Filing Donald Eliason	File Number U-

	O Duninges deals with	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name UFCW Local One Health Care and Pension Fund	a. Labor Organization	
Trade Name, if any:		
D.C. D. Dida Deem No. if any	D. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street 106 Memorial Parkway	C. Employer	
City Utica		
State New York ZIP Code + 4 13501		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Loacal One Benefits Fund	Administer Health Care and Pension	Fund
Trade Name, if any:		
Trade Name, it any.		
P.O. Box, Bldg., Room No., if any		
Street 106 Memorial Parkway		
City Utica		
		Marie 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 -
State New York ZIP Code + 4 13501	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
	Trustee Mtg. 8/19-8/20/04	
	12.b. Amount.	\$613

Name of Person Filing Donald Eliason	File Number U-
	

8. Name and address of Business (including trade name, if any). Name UFCW Local One Health Care and Pension Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 106 Memorial Parkway City Utica State New York ZIP Code + 4 13501	9. Business deals with: a. Labor Organization b. Trust c. Employer	
	11.a. Nature of such dealing.	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Loca One Benefits Fund	Administer Health Care and Pension	Fund
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 106 Memorial Parkway City Utica		
State New York ZIP Code + 4 13501	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
	Trustee Mtg. 11/4/04	-
	12.b. Amount.	\$171

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8. Name and address of Business (including trade name, if any).		9. Business deals with:		
Name UFCW Local One Health Care and Pension Fund		a. Labor Organization		
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any		b. Trust		
Street 106 Memorial Parkway		c. Employer		
City Utica				
State New York	ZIP Code + 4 13501			
10. If 9.b. or 9.c. is checked give trust or emp	oloyer's name.	11.a. Nature of such dealing.		
Name Local One Benefits Fund	ì	Administer Health Care and Pension Fund		
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street 106 Memorial Parkway			-	
City Utica				
State New York	ZIP Code + 4 13501	11.b. Approximate dollar value of such dealing.		
12.a. Nature of interest held or income received.				
		IFEBP Conference 11/30-12/5/04		
			*	
		1111		
		12.b. Amount.	\$2,705	